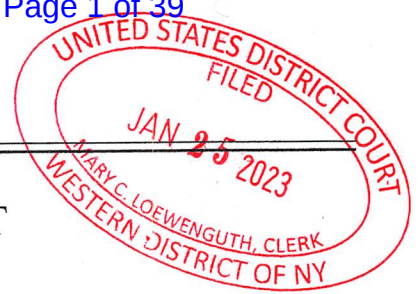


(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)



## UNITED STATES DISTRICT COURT

for the

Western District of New York

Case No.

22-CV-6468-FPG

(to be filled in by the Clerk's Office)

DONALD S. LEFLER

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

1. NEW YORK STATE DEPT. OF CORRECTIONS
2. COMMISSIONER ANTHONY J. ANNUCCI
3. CAPTAIN CARROLL
4. CAPTAIN FRENYA

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

AMENDED COMPLAINT

JURY TRIAL: Yes ☒ No ☐

IM SUING DEFENDANTS  
IN THEIR OFFICIAL AND  
INDIVIDUAL CAPACITY

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

DONALD S. LEFLER

All other names by which  
you have been known:

ID Number

15B-0035

Current Institution

AUBURN CORRECTIONAL FACILITY

Address

P.O. BOX 618AUBURN

City

N.Y.

State

13024

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

ANTHONY J. ANNUCCIJob or Title (*if known*)N.Y.S. DEPT. OF CORRECTIONS COMMISSIONER

Shield Number

Employer

N.Y.S. DEPT. OF CORRECTIONS

Address

1220 WASHINGTON AVE. Bldg. 2ALBANY

City

N.Y.

State

12226

Zip Code



Individual capacity



Official capacity

Defendant No. 2

Name

CAPTAIN CARROLLJob or Title (*if known*)CORRECTIONAL OFFICER

Shield Number

Employer

N.Y.S. CORRECTIONS, ELMIRA CORR. FAC.

Address

P.O. BOX 500ELMIRA

City

N.Y.

State

14902-0500

Zip Code



Individual capacity



Official capacity

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## Defendant No. 3

Name

LIEUTENANT ISAACS

Job or Title (if known)

CORRECTIONAL OFFICER

Shield Number

Employer

N.Y.S. CORRECTIONS, ELMIRA CORR. FAC.

Address

P.O. BOX 500

ELMIRA

City

N.Y.

State

14902-0500

Zip Code



Individual capacity



Official capacity

## Defendant No. 4

Name

CAPTAIN FRENYA

Job or Title (if known)

CORRECTIONAL OFFICER

Shield Number

Employer

N.Y.S. CORRECTIONS, ELMIRA CORR. FAC.

Address

P.O. BOX 500

ELMIRA

City

N.Y.

State

14902-0500

Zip Code



Individual capacity



Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

## A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8TH. AMENDMENT U.S. CONSTITUTION

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?



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NONE

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

INMATE VIOLENCE, CORRECTION OFFICERS NOT PROTECTING INMATES.**III. Prisoner Status**Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

**IV. Statement of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

NONE

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

ELMIRA PRISON ON 8-9-2020



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- C. What date and approximate time did the events giving rise to your claim(s) occur?

8-9-2020

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I WAS ATTACKED AND CUT UP BY A BLACK BLOOD GANG MEMBER WHO LIVED IN CELL I-6-2. OTHER PEOPLE SAW THE ATTACK, BUT WERE AFRAID TO COME FORWARD.

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I RECEIVED 2½ INCH RAZOR CUT ON MY FACE. ALSO ONE INCH CUT BEHIND MY RIGHT EAR. I ASKED FOR STITCHES, I GOT TAPE THAT FELL OFF. I WAS NEVER CALLED BACK TO MEDICAL. MY MANY CRIES FOR HELP TO STAFF OF MY WOUNDS WERE IGNORED. DELIBERATE INDIFFERENCE.

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I REQUEST TWENTY FIVE MILLION DOLLARS FOR MY PAIN AND MENTAL ANGUISH AND DELIBERATE INDIFFERENCE AND TEN MILLION IN PUNITIVE DAMAGES. TOTAL:  
35,000,000.00.

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## VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

ELMIRA PRISON

2. What did you claim in your grievance?

INMATE Violence - I WAS VIOLENTLY ASSAULTED.

3. What was the result, if any?

They NEVER ANSWERED my COMPLAINT.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I ZEROX my COMPLAINT AND sent TO them  
12 DIFFERENT Times, They NEVER ANSWERED ME.



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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I did file A GRIEVANCE.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I DID FILE A GRIEVANCE.

They NEVER Answered me.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I Filed ORIGINAL GRIEVANCE ON 9-10-2020  
Plus Twelve Additional Times.  
They NEVER Answered ME.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

#### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☐ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

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**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1-15-2023

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Donald S. Lefler  
DONALD S. LEFLER  
15B0035  
AUBURN CORRECTIONAL FAC. P.O. Box 618  
Auburn N.Y. 13024  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address



42 U.S.C. 1983

CASE NO: 22-CV-06468-FPG

JURY TRIAL DEMANDED

AMENDED COMPLAINT

DONALD S. LEFLER,  
PLAINTIFF  
V.

DEFENDANTS,

1. NEW YORK STATE DEPARTMENT OF CORRECTIONS COMMISSIONER ANTHONY J. ANNUCCI, in their individual and official capacity.
2. CAPTAIN CARROLL, in their individual and official capacity
3. LIEUTENANT ISRAACS, in their individual and official capacity.
4. CAPTAIN FRENYA, in their individual and official capacity.

## INMATE VIOLENCE

ON 8-9-2020 WHILE I WAS INCARCERATED AT ELMIRA PRISON 1879 DAVIS STREET, P.O. BOX 500, ELMIRA, N.Y. 14902-0500 phone: 607-734-3901

I WAS IN THE BALL PARK, I WAS ATTACKED BY A BLACK GANG MEMBER, "Bloods GANG. THE PERPETRATOR LIVED IN CELL I-6-2

THE BLOODS GANG MEMBERS CONTROL THE PHONES, AND THEY DO NOT WANT ANY WHITE INMATES USING THE PHONES.

THE WHITE POPULATION IS ONLY TEN PERCENT. UNLIKE THE FEDERAL PENITENTIARIES WHERE THE WHITE INMATES ARE FIFTY PERCENT.

ELMIRA IS A HOSTILE, DANGEROUS PLACE.

I WAS THERE FOR FIVE YEARS, AND DURING THESE FIVE YEARS MANY WHITE INMATES HAVE BEEN STABED AND CUT BY BLACK BLOOD GANG MEMBERS. IF YOU ARE WHITE AT ELMIRA, YOU ARE A TARGET, MANY SERIOUSLY WOUNDED, ONE DEAD.

I INFORMED THE STAFF MANY TIMES THAT THE BLOODS THREATENED ME.

THEY DID NOTHING TO HELP ME.

I WAS AN OPEN TARGET WITH NO PROTECTION. IT IS THE DUTY OF THE N.Y.S. DEPARTMENT OF CORRECTION TO PROTECT ALL INMATES FROM INMATE VIOLENCE.



I WAS BLEEDING AND IN EXTREME PAIN. I WOKE UP THE GUARD WHO WAS SLEEPING AT THE BALL PARK FOR HELP. HE WAS MAD I WOKE HIM UP. HE TOLD ME I HAVE TO WAIT. HE KEPT ME WAITING A HALF AN HOUR. THIS WAS DELIBERATE INDIFFERENCE. FINALLY I WAS TAKEN TO THE INFIRMARY. THE NURSE E. PIERCE NEVER GAVE ME STITCHES WHICH I DESPERATELY NEEDED, SHE PUT SOME TAPE ON MY WOUNDS. I ASKED FOR STITCHES. SHE REFUSED. DELIBERATE INDIFFERENCE. SHE WAS COLD AND NON-CARING.

I HAD A  $2\frac{1}{2}$  inch deep cut TO MY FACE, AND 1 inch deep cut behind THE EAR. THE PAIN WAS HORRIBLE. I HAD MENTAL ANGUISH. I'M AFRAID TO GO TO THE YARD. I STILL TO THIS DAY GET NIGHTMARE'S FROM THIS VICIOUS ATTACK AGAINST ME. TO BE A TARGET, A VICTIM BECAUSE OF THE COLOR OF MY SKIN.

I WAS SENT BACK TO MY CELL WHERE WITHIN ONE HOUR THE NURSE TAPE SHE PUT ON MY FACE FELL OFF. I HAD TO TAKE BROWN PAPER TOWELS TO HOLD MY WOUNDS. THE BLOOD KEPT COMING OUT. I WAS SCARED THAT I WOULD BLEED TO DEATH. I YELLED TO THE GUARD TO TAKE ME  
(Pg. 3)



Back To The infirmiry , but I WAS JUST ignored. I WAS never called back to infirmiry. I Told GUARD AND NURSE THAT THE PERPETRATOR Lived in CELL I-6-2 , but They didn't CARE. And did NOTHING About IT.

PLAINTIFF SEEKS \$ 35 million IN COMPENSATORY AND PUNITIVE DAMAGES.

THE STAFF AT ELMIRA TREATED ME AS THE PERPETRATOR INSTEAD OF THE VICTIM . I NEVER TOOK DRUGS IN MY LIFE .

CAPTAIN CARROLL APPROVED THAT I be given A DRUG TEST. URINE TEST.

THE CAPTAIN SAID SUSPICION .

LT. ISAACS APPROVED TO HAVE MY CELL SEARCHED TO LOOK FOR DRUGS AND WEAPONS. I DO NOT HAVE ANY DRUGS OR WEAPONS. LT. ISAACS CALLED CAPTAIN FRENYA WHO APPROVED DRUG TEST AND CELL SEARCH. LT. ISAACS WRITED 5 1/2 HOURS TO CALL CAPTAIN FRENYA.

THE SUPERVISOR OFFICERS HERE DID NOTHING TO HELP ME. THEY ARE GOVERNMENT OFFICIALS , WHICH MAKES THEM STATE AND FEDERAL OFFICIALS . THEY NEVER ARRESTED THE PERPETRATOR. I TOLD THEM WHAT CELL HE LIVED IN .

N.Y.S. Department of Corrections  
Commissioner Anthony ANNUCCI  
Bldg. 2 1220 Washington Ave.  
ALBANY, N.Y. 12226

Commissioner is Responsible  
For my SAFETY And every N.Y.S.  
PRISONER. There's AN old SAYING :  
WATCH your sheep !!! MAKE SURE  
your N.Y.S. Dept. of CORRECTION  
Employees ARE doing A PROFESSIONAL Job.  
Why ARE the CAMERA'S broken in the  
BALL PARK? why AREN'T the white inmates  
being PROTECTED AGAINST GANG/INMATE  
Violence ? This extreme RACIST Violence  
has been going on A long Time.

INMATE Violence. Why HAS IT NOT  
been CORRECTED ?

IT is INCORRECT by the COURTS STATING  
under THE ELEVENTH Amendment THAT  
DEFENDANTS ON ORIGINAL COMPLAINT CANNOT  
be SUEd under there OFFICIAL CAPACITY.

I SPECIFICALLY put down I SUE THEM  
in there OFFICIAL or individual CAPACITY.

Therefore they should of beem put down  
AS SUEd under their individual CAPACITY,  
AT COURT.



My CELL BEING SEARCHED FOR DRUGS AND WEAPONS SHOWED HOW I WENT FROM VICTIM TO PERPETRATOR. INSTEAD OF THE CORRECTION OFFICERS GOING TO CELL I-6-2 WHERE THE PERPETRATOR LIVED. GIVE HIM A URINE DRUG TEST. SEARCH HIS CELL FOR DRUGS AND WEAPONS. THEY CAME AFTER ME. CAUSING ME MENTAL ANGUISH. DISTRUST IN STAFF. EXTREME PAIN FROM MY WOUNDS. I WENT THRU EXTREME PAIN AND SUFFERING. I COULD OF BEEN MURDERED.

THE MEDICAL TREATMENT AT ELMIRA PRISON WAS FAR FROM ADEQUATE. I WAS NEVER SEEN BY A DOCTOR GRAVES. IM JUST LUCKY I DIDEN'T END UP IN THE GRAVE.

FAILURE TO PROTECT AGAINST INMATE VIOLENCE. DELIBERAT INDIFFERENCE. N.Y.S. D.O.C. COMMISSIONER ANTHONY J. ANNUCCI, CAPTAIN CARROLL, LIEUTENANT ISAACS, CAPTAIN FRENYA ARE RESPONSIBLE FOR MY SAFETY. THEY FAILED THE TEST.

I HAVE PERMANENT SCARS. PERMANENT MENTAL SUFFERING.

I PRAY THIS COURT GRANTS ME \$35 MILLION IN COMPENSATORY AND PUNITIVE DAMAGES.

SIGNATURE

Sunday JANUARY 15, 2023 X Donald Lefu  
(Pg. 6)



## STATEMENT OF CLAIM

I AM THE VICTIM OF GANG  
INMATE VIOLENCE.

I WAS ATTACKED IN ELMIRA PRISON  
by A BLOOD GANG MEMBER BECAUSE  
I AM WHITE. I WAS BRUTALLY CUT UP.

They (Blood Gang) DOES NOT WANT  
WHITE INMATES TO USE THE PHONES.

This is A EIGHT AMENDMENT VIOLATION  
UNDER THE UNITED STATES CONSTITUTION  
OF AMERICA. THIS RACIST AND PHONE  
SITUATION HAS BEEN GOING ON FOR YEARS.

THE STAFF KNOWS OF THIS BEHAVIOR,  
AND DOES NOT CORRECT IT. LEAVING MYSELF  
AND OTHER WHITE INMATES IN SERIOUS DANGER.

THIS IS DELIBERATE INDIFFERENCE BY  
STAFF, A 8th. AMENDMENT VIOLATION.

INSTEAD OF HELPING ME, CAPTAIN CARROLL  
APPROVED ME TO GET A URINE DRUG TEST.  
I NEVER TOOK DRUGS IN MY LIFE.

8-9-2020 I NEEDED HELP, BUT I RECEIVED  
ABUSE BY STAFF. LT. ISAACS APPROVED  
MY CELL BEING SEARCHED FOR DRUGS AND  
WEAPONS. NOTHING FOUND. I AM THE VICTIM  
AND I BECAME THE PERPETRATOR BY  
STAFF. LT. ISAACS CALLED CAPTAIN  
FRENYA WHO APPROVED THESE 8th. AMEND.  
(P.S.A.)

VIOLATION UNDER THE UNITED STATES CONSTITUTION. CRUEL AND UNUSUAL PUNISHMENT. DELIBERATE INDIFFERENCE TOWARDS ME.

N.Y.S. Commissioner Anthony J. ANNUCCI who is the person in charge of N.Y.S. PRISONS.

WATCH YOUR SHEEP MR. ANNUCCI. YOUR JOB IS TO PROTECT THE PRISONERS FROM INMATE VIOLENCE. YOU MUST BE HELD ACCOUNTABLE.

CAMERAS NOT WORKING IN BAIL PARK. VICTIM UPON VICTIM, NOTHING CHANGES. THE 2 CAPTAINS AND LIEUTENANT IN THIS CIVIL RIGHTS LAWSUIT MUST BE HELD ACCOUNTABLE. Commissioner ANNUCCI must be held ACCOUNTABLE FOR NOT PROTECTING INMATES WHO WERE VICTIMS OF INMATE VIOLENCE.



# Exhibits

Exhibit A      PICTURE OF MY  
WOUNDS. plus injury REPORT.

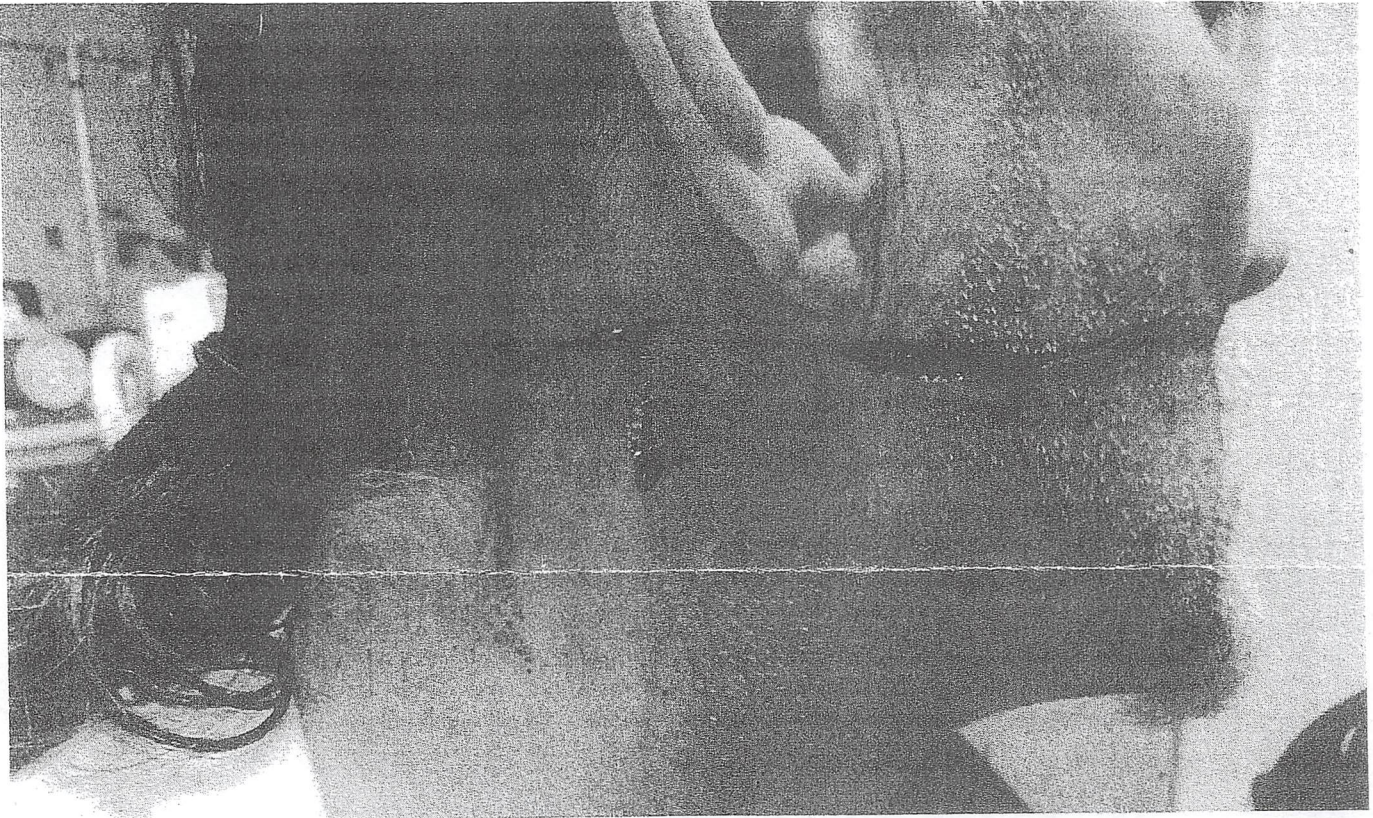
Exhibit B      INMATE GRIEVANCE  
COMPLAINT.

Exhibit C      ELMIRA PRISON  
DOCUMENTS.

# Exhibit A



21



U.I.#20-02268-9-2020 2:32 pm Inmate Lefler, Donald 15B0035 I-6-5 Photographed by Sgt. Albert

Fov 1/21/21



FORM 1595 (11/11)

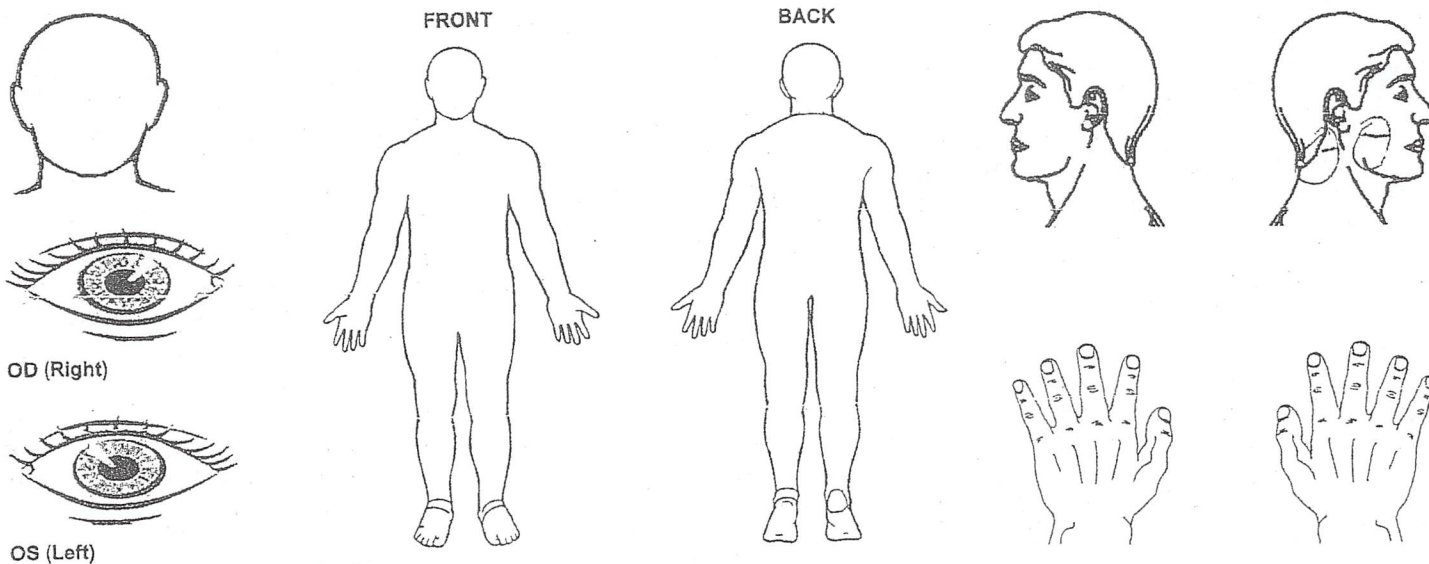
STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

## INMATE INJURY REPORT

Facility <i>Elmira</i>	Date of Injury <i>8/9/20</i>	Time of Injury <i>2:30 pm</i>	Location Injury Occurred <i>Ball park</i>
Inmate Name <i>Leifer Donald</i>	DIN <i>1550035</i>	Housing Location <i>I-6-5</i>	
What was cause of Inmate's injury? <i>Altercation with another inmate</i>			
Inmate's Statement: <i>No statement</i>			
Inmate's Signature <i>x [Signature]</i>			Date <i>8/9/20</i>
Witnesses <i>M. Albert M. ALBERT</i>		Title <i>SGT</i>	
Reporting Employee			

## FACILITY HEALTH SERVICES REPORT

Date injury reported: <i>8/9/20</i>	Time: <i>2:32</i>	Description of injury: <i>Cut to Right Face 2 1/2" + 1" behind</i>
<i>Right par</i>		



Date of medical examination: <i>8/9/20</i>	Time: <i>2:40 pm</i>
Services Provided: <i>All areas cleaned with Soap + Water + Steri Strips applied to cuts Right Face + neck 18 Steri Strips held while Dr. Sosa</i>	
Was inmate admitted to facility infirmary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Outside hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, where?	PCP on site evaluation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telemed evaluation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name and title of person furnishing treatment at facility: <i>Elizabeth Pierce</i>	<i>RN II</i>
Signature	Title

This form is to be forwarded to the Fire & Safety Officer within 24 hours for review and filing.  
 \* Attach a memorandum if additional information is needed for the description of injury.

# Exhibit B



FORM 2131E (REV. 8/08)

## STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

## INMATE GRIEVANCE COMPLAINT

Grievance No. .

ELMIRA

CORRECTIONAL FACILITY

Date 9/10/20

Name Donald Lefler

Dept.No. 15B0035

Housing Unit IPC-7-9

Program N/A

AM N/A

PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)\*

Description of Problem: (Please make as brief as possible) On 8/9/20, I suffered severe injuries after I was assaulted in recreation. I have complained several times to staff that my safety was in jeopardy due to the ongoing racial tensions and threats I've been receiving by other inmates and I was ignored and treated with indifference. I am now in severe pain, and left with permanent scars, both emotionally and physically...

Grievant

Signature

Grievance Clerk

Date:

Advisor Requested

☐

YES

☐

NO

Who:

Action requested by inmate: (1). All staff to adhere my pleas for safety. (2). All medical staff to help relieve my constant pain upon my request without being ignored.

This Grievance has been informally resolved as follows:

This Informal Resolution is accepted:

(To be completed only if resolved prior to hearing)

Grievant

Signature

Date:

FORM 2131E (REV. 6/06)

## STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

## INMATE GRIEVANCE COMPLAINT

Grievance No. .

ELMIRA

CORRECTIONAL FACILITY

Date 9/10/20

Name Donald Lefler Dept.No. 15B0035 Housing Unit IPC-7-9  
 Program N/A AM N/A PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)\*

Description of Problem: (Please make as brief as possible) This is a formal grievance complaint  
specifically against the Security staff, the medical department and the Superintendent,  
for the following reasons: (1). For abusing their position & authority here and purposely  
not doing anything to ensure the safety and security of the inmate population such as myself  
in their care and custody. Refusing to do anything to curb the many slashings, cuttings  
and stabbings that occur here. One recently resulting in the death of an inmate... (2).

For the Elmira C.F. & the above named staff to be held responsible for allowing: (See Attached  
 description of problem)

Grievant

Signature \_\_\_\_\_

Grievance Clerk \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Requested

☐

YES

☐

NO

Who: \_\_\_\_\_

Action requested by Inmate: That this matter/problem be investigated and addressed/reviewed by  
D.O.C.C.S. Central Office and by the Office of Special Investigations, because this facility  
staff and administration can't seem to get control of these situations or simply refuse to  
truly put any effort in combatting this ongoing problem. (See attached action requested)  
This Grievance has been informally resolved as follows:

This Informal Resolution is accepted:

(To be completed only if resolved prior to hearing)

Grievant

Signature \_\_\_\_\_

Date: \_\_\_\_\_

INMATE GRIEVANCE CONTINUED.

(2). An unknown inmate to come behind me while I was sitting on the bleachers in the yard and slash/cut my face with a razor/weapon, right in front of the security staff and the security staff did not apprehend said inmate and did nothing to prevent this incident when they are supposed to be watching and did not apprehend the individual who cut me from behind across my face. They failed to provide for my health and safety.

(3). For Elmira C.F. & the above named staff were supposedly not doing anything about my injuries and them purposely not providing me with any medical care/treatment; for them purposely not providing any follow-up care, and not giving me anything for the pain I am in, and for ignoring all my requests since then to be seen.

ACTION REQUESTED: (2). That I receive the medical care/attention I need & that they are supposed to provide. (3). That I receive punitive & compensatory damages and money for their neglect and for my injuries, pain & suffering. (4). That some other staff be appointed by DOCCS CENTRAL OFFICE to review this incident and to correct Elmira's security staffs failure to protect its inmates from uncalled for and unnecessary violence at this facility. (5). That some kind of punitive and/or disciplinary action be taken against the Elmira staff and its security and medical staff as well as the Superintendent for not protecting me, warning me or stopping this incident from happening and failing to provide me with the proper medical care. and;  
For any other and further relief that may be deemed just and proper.

Dated: \_\_\_/\_\_\_/\_\_\_

Inmate: Donald Lefler

Din.# 15B0035

cc: file



# Exhibit C

PAGE 1

STATE OF NEW YORK  
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION  
UNUSUAL INCIDENT REPORTPRINTED AT  
08/12/20 01:08 PM

ELMIRA GENERAL

FAC CODE 110

FAC LOG# 200226

CCC# 289323

INCIDENT DATE 08/09/20 TIME 02:32 PM LOCATION YARD

BALL PARK

TELEPHONE DATE 08/09/20 TIME 07:59 PM

PERSON CALLING LT ISAACS  
PERSON RECEIVING CAPT A [REDACTED] G FRENYA

REPORT DATE 08/10/20 PERSON REPORTING CAPT S. HENRY

USE OF FORCE NO

WEAPON USED YES

WORKPLACE VIOLENCE NO

\*\*\*\*\*

ASSAULT (02) 01  
ON INMATE

\*\*\*\*\*

DESCRIPTION:

WHILE IN THE BALLPARK DURING AFTERNOON RECREATION, INMATE LEFLER, DONALD 15B0035 (I-6-5) REPORTED TO CO FERRARO THAT HE HAD BEEN CUT BY AN UNKNOWN INMATE IN THE BALLPARK BLEACHERS WITH AN UNKNOWN CUTTING TYPE WEAPON. AREA SUPERVISOR SGT ALBERT NOTIFIED AND ORDERED INMATE LEFLER ESCORTED TO FACILITY MEDICAL.

\*\*\*\*\*

EVENTS CAUSING:

INMATE LEFLER, D.15B0035 REPORTED TO STAFF IN THE BALLPARK THAT HE HAD BEEN CUT FROM BEHIND BY AN UNKNOWN INMATE.

\*\*\*\*\*

ACTION TAKEN:

INMATE LEFLER WAS ESCORTED TO THE FACILITY INFIRMARY FOR EXAMINATION WHERE THE FOLLOWING INJURIES WERE NOTED: A 2 1/2 INCH SUPERFICIAL LACERATION TO THE RIGHT FACE AND A 1 INCH SUPERFICIAL LACERATION BEHIND THE RIGHT EAR. 8 STERI STRIP WERE APPLIED TO CLOSE THE WOUNDS. SGT ALBERT ORDERED A CELL SEARCH OF I-6-5 WHICH YIELDED NO REPORTABLE CONTRABAND. INMATE LEFLER

PAGE 2

STATE OF NEW YORK  
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION  
UNUSUAL INCIDENT REPORTPRINTED AT  
08/12/20 01:08 PM

ELMIRA GENERAL

FAC CODE 110

FAC LOG# 200226

CCC# 289323

INCIDENT DATE 08/09/20 TIME 02:32 PM LOCATION YARD BALL PARK

USE OF FORCE NO

WEAPON USED YES

WORKPLACE VIOLENCE NO

\*\*\*\*\*

ACTION TAKEN:

(CONTINUED)

REMAINED IN I-6-5 PENDING IPC. SGT ALBERT DEEMED INMATE LEFLER INJURY TO BE CONSISTENT WITH AN UNRECOVERED CUTTING TYPE INSTRUMENT. AN INCIDENT AREA SEARCH WAS CONDUCTED DURING WHICH NO WEAPON WAS RECOVERED AND NO PERPETRATOR WAS IDENTIFIED. ALL PERTINENT PAPERWORK AND PHOTOS SUBMITTED. NOTIFICATIONS MADE TO SUPT RICH, DSI YEHL, DSS KELLER, CAPT HENRY AND OD ADMSH WHITE.

\*\*\*\*\*

MEDICAL REPORT:

INMATE LEFLER WAS NOTED TO HAVE A 2 1/2" CUT TO RIGHT FACE AND A 1" CUT BEHIND RIGHT EAR. ALL AREAS CLEANSSED WITH SOAP AND WATER. 8, HALVED STERI-STRIPS WERE APPLIED TO RIGHT FACE AND NECK.

E. PIERCE/NURSE

EXAMINER NAME/TITLE

08/09/20 02:40 PM

EXAM DATE/TIME

\*\*\*\*\*

PROPERTY DAMAGE:

NONE

\*\*\*\*\*

NOTIFICATION (FAMILY):

NONE



PAGE 3

STATE OF NEW YORK  
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION  
UNUSUAL INCIDENT REPORTPRINTED AT  
08/12/20 01:08 PM

ELMIRA GENERAL

FAC CODE 110

FAC LOG# 200226

CCC# 289323

INCIDENT DATE 08/09/20 TIME 02:32 PM LOCATION YARD BALL PARK

USE OF FORCE NO WEAPON USED YES WORKPLACE VIOLENCE NO

\*\*\*\*\*

NOTIFICATION (POLICE/OTHER):

NONE

\*\*\*\*\*

INMATE INFORMATION:

\*\*\*\*\*

LEFLER, DONALD

15B0035

DOB 06/14/1961 ETHNIC- WHITE

GEN INCIDENT - SPECIFIC INCIDENT  
ASSAULT - ON INMATEROLE  
VICTIMWEAPON  
UNR/CUTTINGFORCEINJURY  
LACERATION

\*\*\*\*\*

EMPLOYEE INFORMATION:

\*\*\*\*\*

FERRARO, J

CO

GEN INCIDENT - SPECIFIC INCIDENT  
ASSAULT - ON INMATEFORCEINJURYDEGREE

\*\*\*\*\*

ALBERT, M

SGT

GEN INCIDENT - SPECIFIC INCIDENT  
ASSAULT - ON INMATEFORCEINJURYDEGREE

\*\*\*\*\*

SPT JOHN RICH  
SUPERINTENDENT08/12/20  
DATE



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### MEMORANDUM

TO: Lt. Isaacs

FROM: Sgt. M. Albert

DATE: 8-9-2020

SUBJECT: U.I.# 20-0226

Sir,

On 8-9-2020 at approximately 2:32 pm, Inmate Lefler, Donald 15B0035 (I-6-5) reported to Officer Ferraro that he had been cut. I was notified and inmate Lefler was escorted to the facility infirmary for examination. Inmate Lefler was noted to have a 2 1/2-inch laceration to the right side of his face and a 1-inch laceration behind his right ear. Inmate Lefler's injuries were consistent with an unrecovered cutting type weapon. I ordered Lefler's cell frisked with no reportable contraband found. I interviewed inmate Lefler and he stated that while 2 inmates were fighting an inmate approached him from behind and cut him while he was seated at the bleachers. I ordered the incident area frisked with no weapon recovered. Inmate Lefler was unable to identify the inmate that assaulted him. Inmate Lefler was placed back in cell I-6-5 pending involuntary protective custody status. All pertinent documents and photographs have been submitted.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Sgt. M. Albert".

Sgt. M. Albert





## REQUEST FOR URINALYSIS TEST

Facility Elmira Correctional Facility Test # \_\_\_\_\_Inmate Name Lefler, Donald Number 15B0035 Cell I-6-5Request made by Sgt. Albert Date 8/9/2020Agent(s) suspected (if any) Full ScanCircumstances leading to request Inmate assaulted by unkown inmate. Possibly drug related.Test approved by Captain Carroll  Date 8/9/2020

Inmate told the underlying reason why he is being ordered to submit a urine specimen

(circle one: Suspicion Routine Random )

By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Has inmate taken medication recently? ( YES or NO ) Specify \_\_\_\_\_

Inmate ordered to submit specimen: Date \_\_\_\_\_ Time \_\_\_\_\_

Specimen witnessed and obtained by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Does inmate willfully refuse to submit specimen? ( YES or NO )

Does inmate claim to be unable to submit specimen in the presence of others?

(YES or NO)\* DATE \_\_\_\_\_ TIME \_\_\_\_\_

\*(In the event an inmate makes this claim, the procedures in Directive #4937, section IV-E shall be followed.)

IF INMATE CLAIMS TO BE UNABLE TO SUBMIT SPECIMEN, HAS INMATE BEEN GIVEN AT LEAST THREE HOURS TO SUBMIT SPECIMEN ( YES or NO )

Specimen tested by (1st Test) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Results \_\_\_\_\_

Specimen tested by (2nd Test) \_\_\_\_\_

Results \_\_\_\_\_

Chain of Custody (Starting with staff obtaining specimen. Attach additional pages if necessary.)

From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

This form is to be filled out **completely**. It is to accompany the specimen until the specimen is tested.If the specimen is positive, a **Misbehavior Report** shall be written.



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### MEMORANDUM

TO: Lt. Isaacs

FROM: Sgt. M. Albert

DATE: 8-9-2020

SUBJECT: U.I.# 20-0226

Sir,

On 8-9-2020 at approximately 2:32 pm, Inmate Lefler, Donald 15B0035 (I-6-5) reported to Officer Ferraro that he had been cut. I was notified and inmate Lefler was escorted to the facility infirmary for examination. Inmate Lefler was noted to have a 2 1/2-inch laceration to the right side of his face and a 1-inch laceration behind his right ear. Inmate Lefler's injuries were consistent with an unrecovered cutting type weapon. I ordered Lefler's cell frisked with no reportable contraband found. I interviewed inmate Lefler and he stated that while 2 inmates were fighting an inmate approached him from behind and cut him while he was seated at the bleachers. I ordered the incident area frisked with no weapon recovered. Inmate Lefler was unable to identify the inmate that assaulted him. Inmate Lefler was placed back in cell I-6-5 pending involuntary protective custody status. All pertinent documents and photographs have been submitted.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Sgt. M. Albert".

Sgt. M. Albert



30

Form 2158 (Rev.6/93)

(copy locally as needed)

## STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

ELMIRA

Correctional facility

Check One



ADMINISTRATIVE SEGREGATION RECOMMENDATION



INVOLUNTARY PROTECTIVE CUSTODY RECOMMENDATION

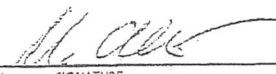
1. Inmates Name : Lefler, Donald DIN : 1580035 CELL : I-6-5

2. Reason for this recommendation :

During recreation in the Facility Ball Park on 8-9-2020, inmate Lefler was assaulted while seated in the bleachers. Inmate Lefler was unable to identify the perpetrator. Inmate Lefler refused to sign in to voluntary protective custody. A copy of the signed protection waiver is attached.

8/9/2020 3:00 pm  
Date / TIMEM Albert

Name Of Person Making Recommendation



SIGNATURE

Sergeant

TITLE

3. Is inmate confined pending a determination on this recommendation ?



YES



NO

4. If Yes,

a. Housing unit of present confinement I Block CELL : 6-5b. Authorized by: Lt. Isaacs

Notice to inmate: A hearing will be conducted within 14 days of this recommendation in accordance with provisions of Part 254 of chapter V. You will entitled to call witnesses on your own behalf, provided that doing so does not jeopardize institutional safety or correctional goals.

If restricted pending a hearing on this recommendation, you may write to the Deputy Superintendent for security or his/her designee prior to the hearing to make a statement on the need for continued confinement.

Distribution: Original - Inmate

Copy - Disciplinary Office



# Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

## PROTECTION WAIVER

I LEFLER DONALD 15BCC 35 I-6-5  
(Last Name) (First Name) (D.I.N.#)

feel that I have no need for protection from anyone in population here at Elmira Correctional Facility. I Feel, at this time, that there is no threat to my life by returning to general population.

I further assert that this action was initiated by myself, and that I take full responsibility for any And all consequences.

Inmate Signature: Donald Lefler

Date: 8/9/20

Interviewer Signature: Sgt. [Signature]

Date: 8/9/20



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

TO: Sgt. M Albert  
FROM: C.O. J FERRARO  
SUBJECT: Cutting Reported to me in Bull Park

DATE: 8-9-2020

On the above date at approximately 2<sup>32</sup> PM Inmate Sepler, Donald 15B0035 I-6-5 Reported to me that he had been cut by an unknown inmate on his Right cheek in the Bullpark Bleacher area. The cut on Sepler's right cheek was approximately 2 1/2 inches long. He also had a cut behind Right ear approximately 1 inch long. The Area Supervisor was notified and inmate Sepler was escorted to facility medical. At the time of incident there were approximately 141 inmates in the Bullpark.

Respectfully Submitted,  
C.O. J FERRARO





## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### CERTIFICATION

STATE OF NEW YORK    )  
                                  ) SS:  
COUNTY OF CHEMUNG    )

I, A [REDACTED] Ersley, being duly sworn, depose and say:

That I am an Office Assistant II in the Inmate Records Office at the Elmira Correctional Facility, and hereby certify that the attached documents are true and exact copies of the Unusual Incident Report, inc. date 8/9/20, which is on file with the New York State Department of Correctional Services for 15B0035 Lefler, Donald.

A handwritten signature in black ink, appearing to be "A. Ersley", written over a horizontal line.

A. Ersley, Office Assistant II

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Leffler, Donald	DIN	15B0035	Date of Birth	6/14/61	Facility Name	Elmira
Subjective:	no longer has congestion or cold symptoms, helped by nasal spray. Has pain in foot when walking.			Last Name Leffler, Donald			
Objective:	0: 978 99 9870			DIN 15B0035 Location			
Assessment:	Lungs Clear Heart R			Date 5/7/20 Time			
Plan:	Foot tender anterior plantar area			Provider Orders:			
	ATP ① Foot Pain - rest & ibuprofen, get X-ray			① X ray ② foot			
	② Nasal congestion - resolved			② ibuprofen 600mg + tab P daily #30 ref x3			
Signature/Provider #	John [Signature]			RN Transcribing Order/Provider #/Date/Time 5/7/20			
Subjective:	Cut by another inmate			Last Name Leffler, Donald			
Objective:	Cut to (R) face & ear			DIN 15B0035 Location I-6-5			
Assessment:	97-88-70 136/72 100% 2 1/2" cut (R) face & 1" cut behind (R) ear			Date 8/9/20 Time 2:40pm			
Plan:	All areas cleaned & soaked Steri Strips 8 total applied			Provider Orders:			
	Dr. Martinez notified & will evaluate in AM 8/10/20						
Signature/Provider #	Evelyn [Signature]			RN Transcribing Order/Provider #/Date/Time 8/9/20			
Subjective:	Inmate Koshov A.M. Sick Call			Last Name Leffler, D			
Objective:				DIN 15B0035 Location I-6-5			
Assessment:				Date 8/10/20 Time 12:25pm			
Plan:				Provide Orders:			
Signature/Provider #	[Signature]			RN Transcribing Order/Provider #/Date/Time			

Continue entry into next box if necessary.

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW

CASE NO. 22-CV-6468-FPG

TO: HONORABLE CLERK OF COURT  
ENCLOSED IS MY AMENDED COMPLAINT,  
AS ORDERED BY YOUR COURT.  
PLEASE HAVE THE UNITED STATES  
MARSHALL'S SERVE THE FOUR  
DEFENDANTS WITH THE  
AMENDED COMPLAINT AND SUMMONS.

Respectfully Submitted

1-15-2023

Donald Lefler

DONALD S. LEFLER

15B0035

AUBURN CORRECTIONAL FACILITY

P.O. BOX 618

AUBURN, N.Y.

13024